## **NONCOMPLIANCE 24-HOUR NOTIFICATION FAX REPORT**



State Form 52415 (10-05) Indiana Department of Environmental Management Office of Water Quality

INSTRUCTIONS:

Complete all parts of this form and fax it to <u>Office of Water Quality</u>, <u>Compliance Evaluation Section</u> at (317) 232-8637 or 232-8406. Thorough completion of this report will satisfy the Office of Water Quality (OWQ) telephone and 5-day written noncompliance notification reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

Any noncompliance which may pose a significant danger to human health or the environment must be immediately reported to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

E W M			FACILITY INFORMATION		20 November 2	
Facility Name:			County:	NPDES Permit Number:		
Individual Reporting:			Phone Number:	Reporting Date:		
			ONCOMPLIANCE INFORMATION			
Date:	Outfall:	Parameter:	Permit Limit: (Units/Daily/Weekly/Ave/Max/Mi	n)	Monitored Value:	
Date:	Outfall:	Parameter:	Permit Limit: (Units/Daily/Weekly/Ave/Max/Min) Monitored Value:		Monitored Value:	
Date.	Outrain.	i didinotor.	World Carry Vocally Vo		Worldored Value.	
Description of the Noncompliance and its Cause:						
Description of the Period of Noncompliance, Including Exact Dates and Time, and if the Noncompliance has not been Corrected, the Anticipated						
Time it is Expected to Continue:						
Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of the Noncompliance:						
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CERTIFICATION AND SIGNATURE						
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system						
designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons						
who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the						
possibility of fine and imprisonment for knowing violations.						
SIGNATURE	SIGNATURE: DATE:					